submit the names of two or three faculty associates, the Governor to choose one person from each group of nominees to represent the respective institution. It was felt that a board of examiners so constituted would be representative of broad educational and nonpartisan backgrounds, and also be sans peur et sans reproche.

Such a Basic Science or Qualifying Certificate Law Could Be of Real Service.—It is the belief of many members of the California Medical Association that such a basic science or qualifying certificate law could be of real service to the citizens of California, in that it would make it obligatory that every practitioner of the healing art, no matter to what school he might belong, should have certain fundamental education. Several years ago, at Los Angeles, when this subject was being studied by representatives of the medical, dental and pharmaceutical professions, it was found that there was considerable unanimity among those present on the desirability for such legislation. This year 1934 will witness State elections at which proposed initiative laws may be considered by the electorate. It is suggested that component county medical society committees on legislation and public policy place this subject of a basic science or qualifying certificate law (the latter term preferred) on the list of topics for further study and report. Surely, it is well worth the time of all medical men to consider such a measure.

## MICHIGAN'S CONTRIBUTION TO THE "COSTS OF MEDICAL CARE"

How the Michigan Survey was Made.—The Michigan State Medical Society, through a special committee with Dr. Frederick C. Warnshuis, Speaker of the American Medical Association House of Delegates, as its chairman, last year brought out an elaborate report of some 700 pages, dealing with the costs of illness in Michigan. While the actual expense of making the survey and completing the report amounted to more than \$11,000, we were informed some months ago by a representative of the Rosenwald Foundation that if many of the studies had not been gratuitously made by research students and other investigators in the University of Michigan, and by co-workers in other state agencies, the expense of producing this valuable monograph on illness and its costs, as applied to Michigan, would have amounted to more than \$75,000. Mention is made of this fact because many physicians fail to appreciate that the collection, compilation, and the study of factual information bearing on illness, can only be done through expert aid. Sometimes, as in the case of Michigan, much of the necessary assistance may be secured at little cost; but if the clerical and supervisorial work incident to the gathering of such data must be paid for at current rates, then the expense of making such a survey may mean the expenditure of considerably greater sums of money.

Factual information relating to illness and its costs is only valuable when it is accurate; and even when so collected and compiled, such data may become the subject of much difference of opinion. Witness, for example, what happened

when the press published the valuable, and what might be called monumental contribution, in the form of many publications, compiled and printed at an expense of more than \$500,000 by the National Committee on Costs of Medical Care, of which a fellow Californian, Dr. Ray Lyman Wilbur of Stanford, was chairman.

California Has Been Making Similar Studies .-In California the Council, acting under authorization by the House of Delegates, for itself and through the California Medical Association Committee on Public Relations, has also been making an effort to collect factual information that might aid in solving some of the economic and other problems related to illness and medical practice. If, therefore, solutions to all such problems in our own State have not yet been arrived at, we should not be discouraged. It is only necessary to survey the many investigations which have been and are still being carried on in different portions of the United States, and to note how widely the tentative solutions differ, to make one appreciate how involved are these matters that have to do with illness in its numerous and various phases.

Some Interesting Michigan Figures.—Michigan has a population of 4,842,325 (practically one million less than California-5,677,251), and has virtually 1,080,000 families, and 76,000 citizens not members of Michigan families. The report of the committee stated that the average family income was about \$2,600, or \$648 per individual. It is interesting to note that less than 10 per cent of the population received 35 per cent of the public's total annual income, and that the remaining 65 per cent of the public's annual income had to care for the remaining 92 per cent of Michigan's citizens. In Michigan there is one physician to every 888 persons. The average gross income of the Michigan physicians was \$6,590, and the average net income was \$3,876. The report states that approximately two thousand physicians (or 43 per cent of the physicians in practice) had net incomes of \$2,500 or less. These are certainly very interesting figures, and when viewed in conjunction with other facts, make evident the difficulties which are met, in attempts to devise ways and means for efficient care to citizens in all walks of life, and which would at the same time make it possible for physicians to have adequate incomes commensurate to their own needs and responsibilities.

Our Michigan colleagues are to be congratulated on their excellent work as evidenced by the results noted in this survey monograph, printed, unfortunately, in only a limited edition. Copies should be purchased, therefore, not only by the State University, Lane and Barlow libraries, but have a place in many others; for the report is full of suggestive value to all physicians who seek to inform themselves on the medical economics of their own and other states. County medical societies, making studies of local problems, might well obtain a copy for use by their proper committees, and for other members who are interested.\*

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